DEPARTMENT OF SOCIAL SERVICES
744 P Street, MS 19-96, Sacramento, California 95814

May 20, 2003

ALL-COUNTY LETTER NO. 03-24

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

REASON FOR THIS TRANSMITTAL

[x] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order
[ ] Clarification Requested by One or More Counties
[ ] Initiated by CDSS

SUBJECT: **IMPLEMENTATION OF ASSEMBLY BILL (AB) 668 (CHAPTER 896, STATUTES OF 1998)**

This All-County Letter (ACL) provides instructions to county In-Home Supportive Services/Personal Care Services Program (IHSS/PCSP) staff regarding the implementation of AB 668 (Chapter 896, Statutes of 1998).

AB 668 added Section 14132.97 to the Welfare and Institutions Code (W&IC) which requires the Department of Health Services (DHS) to provide Waiver Personal Care Services (WPCS) to individuals eligible for services under the Nursing or Model Nursing Facility waivers. Effective January 1, 2002 the Nursing Facility waiver was replaced by the Nursing Facility A/B waiver and a Subacute waiver was implemented effective April 1, 2002.

NURSING FACILITY A/B AND SUBACUTE WAIVERS

The Nursing Facility waiver is designed for persons who are physically disabled and in the absence of the waiver would be expected to require at least 365 days of nursing facility care. This waiver includes Nursing Facility A (Intermediate Care Facility) and Nursing Facility B (Skilled Nursing Facility) level of care. The Nursing Facility Subacute waiver is designed for persons who are physically disabled and in the absence of the waiver would be expected to require at least 180 days or more of nursing facility services at the adult or pediatric subacute level of care.

Both the Nursing Facility and Nursing Facility Subacute waivers programs cover the following services: Case Management, Private Duty Nursing Services, Home Health Aide Services, Shared Private Duty Nursing Services, Waiver Service Coordination, Minor Home Modifications such as grab-bar placement or ramps, Utility Coverage for life-sustaining equipment, Personal Emergency Response Systems, Family Training, Personal Care Services, and Respite.

Individuals eligible for either the Nursing Facility or Nursing Facility Subacute waiver may receive WPCS. According to W&IC, Section 14132.97, "Waiver personal care services" means the personal care services authorized for persons who are eligible for services under the Medi-Cal Nursing Facility or Model Nursing Facility waivers, now the Nursing Facility A/B waiver and the Subacute waiver. Section 14132.97 provides that waiver personal care services "shall differ in scope from personal care services that may be authorized in Section 14132.95, and shall not replace any hours of services authorized or that may be authorized under Section 14132.95 of the W&IC."

LEAD AGENCY

DHS is the lead agency for implementing AB 668. The approved Nursing Facility A/B and Subacute waivers (which according to DHS, replaces the Nursing Facility and Model Nursing Facility waivers) cover WPCS for specific tasks that are not covered by the regular State Plan Medi-Cal PCSP hours. As a part of the eligibility for WPCS, individuals must be eligible for and receiving PCSP services. According to DHS, recipients do not have to have the maximum 283 Medi-Cal PCSP hours to be eligible for WPCS.

DETERMINATION OF ELIGIBILITY

To be eligible for WPCS, an individual must meet the eligibility criteria and be enrolled in either the Medi-Cal Nursing Facility A/B or Subacute waiver. DHS In-Home Operations (DHS-IHO) is responsible for determining a recipient's waiver eligibility and need for WPCS. Participants in the former Medi-Cal Nursing Facility or Model Nursing Facility HCBS waiver, or the current Nursing Facility A/B or Subacute waivers should be referred by counties to DHS-IHO for information about WPCS. Questions pertaining to eligibility for Home and Community Based Services waivers under Medi-Cal or the WPCS benefit should be directed to DHS-IHO at (916) 324-1020.

COUNTY IHSS/PCSP STAFF RESPONSIBILITIES

In connection with WIC 14132.97 counties are required to:

- Inform DHS-IHO of personal care services hours that are currently authorized to the recipient.
- Determine eligibility for personal care services for those who are not currently authorized for services.
- Implement the authorization of DHS IHO for WPCS at the quantity and scope authorized by DHS IHO.

To ensure that eligible recipients obtain the WPCS they are entitled to, IHSS/PCSP staff must coordinate with DHS-IHO staff. County IHSS/PCSP staff must share case file information to assist DHS-IHO in determining the number of WPCS hours to authorize. County IHSS/PCSP staff can also assist recipients who are in need of WPCS to receive

WPCS by referring them to DHS-IHO. Any recipient who requests WPCS should be referred to DHS-IHO for an eligibility determination. As noted above, DHS requires that recipients be enrolled in the State Plan PCSP to be eligible for WPCS.

When the county refers PCSP recipients to DHS-IHO, the DHS-IHO staff will need to obtain pertinent information or will fax or mail a copy of the Waiver Personal Care Services Information Referral (WPCS 001) form to the individual making the referral, if additional information is needed. [See Attachment I] The case will be assigned to an In-Home Operations case manager (ICM) when the requested information is received.

County IHSS/PCSP staff will continue to have the responsibility for annually assessing a recipient to determine the recipient's IHSS/PCSP service needs. When re-assessing, county IHSS/PCSP staff should coordinate with DHS-IHO staff the changes in type, frequency or amount of services the recipient receives. WPCS are to supplement and not supplant the services authorized by IHSS. If the annual, or any new assessment, results in a reduction in the number of authorized PCSP hours, the county IHSS/PCSP worker must notify the ICM immediately of the change and reason for the change in authorized hours. The county IHSS/PCSP worker must mail or fax a copy of the Notice of Action (NOA) to the ICM, for inclusion in the DHS-IHO file, anytime there is a change in service.

Waiver personal care services are not alternative resources for purposes of the county's determination of the need for IHSS/PCSP services. IHSS benefits shall not be denied or reduced because an individual is eligible for or is receiving WPCS.

PROCEDURES

DHS In-Home Operations

For PCSP recipients inquiring about WPCS, DHS-IHO will:

- Verify the number of PCSP hours authorized by county of residence via the Case Management, Information, and Payrolling System (CMIPS). A copy of the CMIPS record will be printed and included in the recipient's DHS-IHO file. If unable to verify the number of PCSP hours authorized via CMIPS, the WPCS 001 form will be mailed or faxed to the recipient's county of residence.

- Refer the request for WPCS to the county IHSS/PCSP staff for confirmation of eligibility for PCSP services.

- Print from CMIPS a copy of the PCSP assessment data on file for the recipient and request from the county IHSS/PCSP worker a copy of any additional medical documentation contained in the recipient's county case file to assist in the evaluation of unmet needs.

- Review the case file information to make a determination of the recipient's need for WPCS based on medical necessity and waiver eligibility, identify potential unmet needs, and/or make an on-site visit. If the information is insufficient to assess the recipient's need, an on-site visit will be made.

- Fax a copy of the DHS-IHO WPCS Authorization Form (WPCS 002) to notify the county IHSS/PCSP worker of the decision to approve or deny the WPCS. [See Attachment II]

- Notify the recipient/authorized representative of the case approval and the effective date of WPCS.

- Send a NOA to the recipient or authorized representative when WPCS are denied.

County IHSS/PCSP

- If a PCSP recipient or authorized representative requests WPCS and has not already contacted DHS-IHO seeking WPCS, make the referral by contacting DHS-IHO at (916) 324-5903 to request the WPCS 001 form. Complete and return the form to DHS-IHO.

- County IHSS/PCSP staff should coordinate with DHS-IHO staff the changes in type, frequency or amount of services the recipient receives. The county IHSS/PCSP worker must mail or fax a copy of the NOA to the ICM, for inclusion in the DHS-IHO file, anytime there is a change in service.

WPCS DENIALS

If WPCS are denied by DHS-IHO, a county IHSS/PCSP staff must coordinate with and assist DHS-IHO staff by providing them with any pertinent information. When the determination is made by DHS-IHO that the recipient is not eligible for WPCS, DHS-IHO staff will notify the recipient of their right to appeal DHS' decision. County IHSS/PCSP staff will continue to send a NOA when it is determined that the recipient does not qualify for PCSP.

A copy of all NOA(s) issued by county IHSS/PCSP staff, for IHSS/PCSP recipients with open cases at DHS-IHO, must be sent to the ICM to be included in DHS-IHO recipient files.

PROVIDER PAYMENT

DHS is responsible for entering into CMIPS, provider time sheet information necessary to generate payments to providers for WPCS. Counties are responsible for assisting DHS by completing the SOC 311 form for newly enrolled providers and entering the

required information into CMIPS, as is done for any other PCSP provider. Counties will also need to have the prospective providers complete the PCSP Provider Enrollment Form (SOC 426).

If you have any questions regarding this letter, please contact your Program Operations Bureau, Operation and Technical Assistance Unit analyst at (916) 229-4000.

Sincerely,

Original Signed By
DONNA L. MANDELSTAM ON 5/20/03
DONNA L. MANDELSTAM
Deputy Director
Disability and Adult Programs Division

Attachments

MEDI-CAL IN-HOME OPERATIONS
HOME & COMMUNITY-BASED SERVICE WAIVERS
WAIVER PERSONAL CARE SERVICES
REFERRAL FORM

Date: / /	Name of IHO staff:

BENEFICIARY INFORMATION

NAME:		TELEPHONE #: ( ) -
ADDRESS:		
D.O.B: / /	AGE:	GENDER: ☐ MALE ☐ FEMALE
MEDI-CAL #:		SSN: - -
MEDICARE:		MED. RECORD #:
LANGUAGE SPOKEN:		TRANSLATOR NEEDED: ☐ NO ☐ YES
DIAGNOSIS: PRIMARY:		SECONDARY:
MEDICATION:		

BENEFICIARY CONTACT PERSON

NAME:			TELEPHONE #: ( ) -
ADDRESS:	City:	State:	Zip Code:
RELATIONSHIP:			AUTHORIZED REP: ☐ NO ☐ YES

PERSONAL CARE SERVICE PROVIDER

NAME:			TELEPHONE #: ( ) -
ADDRESS:	City:	State:	Zip Code:
AGENCY AUTHORIZING SERVICE:			TELEPHONE #: ( ) -

INDIVIDUAL/ AGENCY MAKING REFERRAL

NAME:			TELEPHONE #: ( ) -
ADDRESS:	City:	State:	Zip Code:
CONTACT PERSON:			PAGER #: ( ) -

PHYSICIAN INFORMATION

NAME:			TELEPHONE #: ( ) -
ADDRESS:	City:	State:	Zip Code:
DATE OF LAST PHYSICIAN VISIT: / /			DATE OF LAST IN-PATIENT STAY: / /
Name of in-patient facility:			TELEPHONE #: ( ) -

COMMUNITY RESOURCES

Other services provided	IHSS:	HOURS/MONTH	RESPITE:	HOURS/MONTH
	FAMILY:	HOURS/MONTH	FRIEND:	HOURS/MONTH
SERVICES REQUESTED	☐ RN ☐ LVN ☐ CHHA ☐ PCS		HOURS/MONTH:	

MEDI-CAL IN-HOME OPERATIONS
HOME & COMMUNITY-BASED SERVICE WAIVERS
WAIVER PERSONAL CARE SERVICES
AUTHORIZATION FORM

BENEFICIARY NAME:	SSN: - -

IN-HOME OPERATIONS

CONTACT PERSON:	TELEPHONE #: ( ) -
ADDRESS:	PAGER #: ( ) -
DATE OF ASSESSMENT: / /	INITIALS OF N E II:
WAIVER SERVICES: ☐ APPROVED ☐ DENIED	DATE OF DECISION: / /
REASON FOR DENIAL:	

WAIVER SERVICES AUTHORIZED

SKILL LEVEL	☐ CM	☐ RN	☐ LVN	☐ CHHA	☐ WPCS
HOURS/MONTH:					

OTHER WAIVER SERVICES:	Frequency (Hrs/Month):

SPECIAL DIRECTIONS/INFORMATION:

Signature: _____
Nurse Evaluator II

PROVIDER OF NURSING SERVICE/ CASE MANAGEMENT

NAME:		TELEPHONE #: ( ) -
ADDRESS:	City:	State: Zip Code:

PROVIDER(s) OF PERSONAL CARE SERVICE (List Other Providers on the back)

NAME:		TELEPHONE #: ( ) -
ADDRESS:	City:	State: Zip Code:
NAME:		TELEPHONE #: ( ) -
ADDRESS:	City:	State: Zip Code:
NAME:		TELEPHONE #: ( ) -
ADDRESS:	City:	State: Zip Code:

IHSS COUNTY CONTACT PERSON

NAME:	Worker #:	TELEPHONE #: ( ) -
ADDRESS:	City:	State: Zip Code:
Name of Payroll clerk:		TELEPHONE #: ( ) -